

## **STATEMENT OF ACCEPTANCE OF RESPONSIBILITY FOR MIDDLE SCHOOL REPRESENTATIVE**

As the Middle School Representative of the Tennessee Association Family, Career and Community Leaders of America, I recognize that the following activities are part of the representative's responsibilities and I agree to perform, to the best of my ability, these and other duties of the office to which I am elected.

1. Conduct myself at all times in a manner which will display my leadership ability and which will bring credit to myself and to the Tennessee Association Family, Career and Community Leaders of America.
2. Notify the State FCCLA Youth Consultant of any change in my address, phone number, or student classification.
3. Attend and participate in all meetings of the State Executive Council: up to four per year.
4. Read and study state and national programs so as to be able to discuss the program and related projects and activities with local and sub-regional officers, members, and advisors or other interested individuals.
5. Avoid expressing personal opinions regarding political or controversial problems when representing the State Association.
6. Plan, attend, and participate in the annual State Leadership Meeting.
7. Maintain a scholastic rating of above average throughout the term of office.
8. Complete all five modules of the Power of One and submit it to the State Office by the March 1 deadline for recognition at State Meeting.
9. Turn in travel claims to the State Office when requested. In addition, complete responsibilities in accordance with the office held. (example-history of year due by State Historian)
10. Prior to executive council meeting, review information sent/agenda with your advisor and prepare ideas and recommendations for the meeting.

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I, \_\_\_\_\_ agree to the above responsibilities. I understand that failure to accept any of these responsibilities will result in a conference with the State Youth Consultant.

Officer Candidate \_\_\_\_\_  
(signature)

Parent \_\_\_\_\_  
(signature)

Local Advisor \_\_\_\_\_  
(signature)

Principal \_\_\_\_\_  
(signature)

Local Director and/or Superintendent \_\_\_\_\_  
(signature)

School System \_\_\_\_\_

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